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Sir,

We thank Mr Diaper for his comments and are pleased to see that his study reached similar conclusions to ours. Alternative methods of drug delivery are without doubt going to be developed in the future and it is important that relevant clinical studies are performed to determine their clinical usefulness and their potential application to any of the groups of patients under our care.

In response to Mr Diaper's specific point, we had 17 blue, 11 brown and 2 green eyes. In the blue eye group the mean increase in pupil size was 4.15 mm for the drops and 3.61 mm for the NODS ($p = 0.0063$). In the brown eye group the mean increase was 3.75 mm and 3.28 mm respectively ($p = 0.235$).

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Sir,

I would like to make a few remarks relating to the article by T. Potamitis *et al.* entitled 'Phacoemulsification versus endocapsular cataract extraction in a unique cohort of patients' (*Eye* 1996;10:551–4).

1. Phacoemulsification is essentially an extracapsular cataract extraction (ECCE) technique. The term phacoemulsification is related to the phacoemulsification of the nucleus, which takes 10–20% of the time of the whole surgery. The operation is basically an ECCE.

2. By ECCE in your article you mean a manual ECCE. Conventional ECCE is an old system for manual ECCE, which needs a limbal incision of 8–10 mm. The modern approach to manual ECCE is characterised by a 5 mm incision sclero-corneal pocket tunnel, no sutures, quick rehabilitation, is safe and induces 0.25 D astigmatism after 3 months on average. It is essential not to consider ECCE as a specific type of cataract surgery. It is a name given to compare the technique with intracapsular cataract

extraction and not with phacoemulsification. ECCE was used before phacoemulsification came into being. Phacoemulsification is part of the ECCE surgery, comprising 10–20% of the total surgery time. *Manual ECCE* should be specified too – the modern approach and the old approach.

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Sir,

We thank Professor Blumenthal for his comments. Our paper, however, was a comparison between two specific types of cataract extraction. It was not intended as an overview of all the types of cataract surgery available.

We do not disagree that phacoemulsification is an extracapsular method of cataract extraction. For this reason we use the term 'conventional extracapsular cataract extraction' and described in detail our two surgical techniques.¹ Whether phacoemulsification 'comprises 10–20% of the total surgery time' depends largely on the hardness of the nucleus. Furthermore, how much time is spent on phacoemulsification is not the issue. Modern technology and foldable lenses allow the removal of a cataract to be performed through an incision far smaller than any manual technique. It does on average take a little longer than 3 minutes to perform but we feel it is an advantageous technique.

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Reference

1. Potamitis, Perreira AM, Pearce JL. Phacoemulsification versus endocapsular cataract extraction in a unique cohort of patients. *Eye* 1996;10:551.

Sir,

We congratulate Miss Dayan and co-authors of 'Flashes and floaters as predictors of vitreoretinal pathology. Is follow-up necessary for posterior vitreous detachment?' on their audit of patients presenting with flashes and floaters.¹ However, we believe that their conclusion is not supported by their data. Of 169 patients given follow-up examinations,